

Alcohol, Smoking, Substance Involvement Screening Test (ASSIST)

Client name:

Date of Birth:

Sex:

INTRODUCTION (please read to client)

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (*show response card*). Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor.

However, if you have taken such medications for reasons other than prescription, or taken them more frequently, at higher doses than prescribed or in ways in which it wasn't intended, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

| | Score Legend | Tobacco (Cigarettes, chewing tobacco, cigars) | Alcohol (Beer, wine, spirits) | Cannabis (Marijuana, pot, grass, hash) | Cocaine (Coke, crack) | Amphetamine type stimulants (Speed, meth, ice, ecstasy) | Inhalants (Nitrous, glue, petrol, amyl nitrite) | Sedatives or sleeping pills (Valium, Serepax, Xanax) | Hallucinogens (LSD, acid, mushrooms, trips, ketamine) | Opioids (Heroin, Morphine, Buprenorphine, Oxycodone) | Other (Kava, GHB, excess caffeine) |
|---|--|--|----------------------------------|---|--------------------------|--|--|---|--|---|---------------------------------------|
| Q1. In your life which of the following substances have you ever used? For substances answered YES complete Q2-Q8. If no to all stop interview | Tick YES or NO for each substance. | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | YES NO | |
| (Probe if all answers are negative e.g., 'not even when you were in school?') | | | | | | | | | | | |
| Q2. In the past 3 months, how often have you used _____? Ask individually for ALL substances answered YES in Q1 | 0 – never 2 – once/twice 3 – monthly 4 – weekly 6 – daily/almost daily | | | | | | | | | | |
| (If "never" for a substance in the last 3 months skip to question 6 for that substance) | | | | | | | | | | | |
| Q3. During the past 3 months, how often have you had a strong desire or urge to use _____? | 0 – never 3 – once/twice 4 – monthly 5 – weekly 6 – daily/almost daily | | | | | | | | | | |
| Q4. During the past 3 months how often has your use of _____ led to health, social, legal or financial problems? | 0 – never 4 – once/twice 5 – monthly 6 – weekly 7 – daily/almost daily | | | | | | | | | | |

CONTINUED OVERLEAF

| | Score Legend | Tobacco (Cigarettes, chewing tobacco, cigars) | Alcohol (Beer, wine, spirits) | Cannabis (Marijuana, pot, grass, hash) | Cocaine (Coke, crack) | Amphetamine type stimulants (Speed, meth, ice, ecstasy) | Inhalants (Nitrous, glue, petrol, amyl nitrite) | Sedatives or sleeping pills (Valium, Serepax, Xanax) | Hallucinogens (LSD, acid, mushrooms, trips, ketamine) | Opioids (Heroin, Morphine, Buprenorphine, Oxycodone) | Other (Kava, GHB, excess caffeine) |
|---|---|--|---|--|---------------------------------|---|---|--|---|--|--|
| Q5. During the past 3 months how often have you failed to do what was normally expected of you because of your use of _____? | 0 – never 5 – once/twice 6 – monthly 7 – weekly 8 – daily/almost daily | Do not ask Q5 for tobacco | | | | | | | | | |
| Ask Questions 6 & 7 for all substances used in lifetime | | | | | | | | | | | |
| Q6. Has a friend or relative or anyone else ever expressed concern about your use of _____? | 0 – No, never 6 – Yes, in the last 3-months 3 – yes, but not in the last 3-months | | | | | | | | | | |
| Q7. Have you ever tried and failed to control, cut down or stop using _____? | 0 – No, never 6 – Yes, in the last 3-months 3 – yes, but not in the last 3-months | | | | | | | | | | |
| Q8. Have you ever used any drug by injection (non-medical use)? | YES NO | If YES - provide information about risks of injecting in brief intervention and take-home information If NO - no action | | | | | | | | | |
| Total | | | | | | | | | | | |

| Interpret the score | | | |
|---------------------|---|--|---|
| Risk | Low (Drugs 0-3, Alcohol 0-10) | Moderate (Drugs 4-26, Alcohol 11-26) | High (27 or above) |
| Treatment | Brief advice about continuing current use pattern | Brief intervention and take-home information | Brief intervention and take-home information |
| Referral | No referral | No referral | Referral to specialist for further assessment |

| | | | |
|----------------------------------|--------------|-------------------------|------------------------|
| Information collected by: | Name: | Position/Agency: | |
| | Sign: | Date: | Contact number: |

WHO ASSIST V3.0 Client Response Card

Substance

Tobacco (Cigarettes, chewing tobacco, cigars, etc)

Alcohol (Beer, wine, spirits, etc)

Cannabis (Marijuana, pot, grass, hash, etc)

Cocaine (Coke, crack, etc)

Amphetamine type stimulants (Speed, ecstasy, meth, ice, paste, crystal, base, diet pills, etc)

Inhalants (Nitrous, glue, petrol, sprays, paint thinner, amyl nitrite etc)

Sedatives or sleeping pills (Valium, Serepax, Xanax, Rohypnol, Normison, Diazepam, Temazepam etc)

Hallucinogens (LSD, acid, mushrooms, trips, ketamine etc)

Opioids (Heroin, opium, morphine, methadone, codeine, buprenorphine, oxycodone)

Other (Please specify:)

Response Card (Questions 2 – 5)

Never: not used in the last 3 months.

Once or twice: 1 to 2 times in the last 3 months.

Monthly: average of 1 to 3 times per month over the last 3 months.

Weekly: 1 to 4 times per week.

Daily or almost daily: 5 to 7 days per week.

Response Card (Questions 6 – 8)

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months

WHO ASSIST V3.0 Feedback Report Card for Clients

| Substance | Score | Risk Level | | |
|-----------------------------|-------|------------|----------------|----------|
| Tobacco | | 0-3 Low | 4-26 Moderate | 27+ High |
| Alcohol | | 0-10 Low | 11-26 Moderate | 27+ High |
| Cannabis | | 0-3 Low | 4-26 Moderate | 27+ High |
| Cocaine | | 0-3 Low | 4-26 Moderate | 27+ High |
| Amphetamine type stimulants | | 0-3 Low | 4-26 Moderate | 27+ High |
| Inhalants | | 0-3 Low | 4-26 Moderate | 27+ High |
| Sedatives or sleeping pills | | 0-3 Low | 4-26 Moderate | 27+ High |
| Hallucinogens | | 0-3 Low | 4-26 Moderate | 27+ High |
| Opioids | | 0-3 Low | 4-26 Moderate | 27+ High |
| Other | | 0-3 Low | 4-26 Moderate | 27+ High |

What do your scores mean?

Low: You are at low risk of health and other problems from your current pattern of use.

Moderate: You are at risk of health and other problems from your current pattern of substance use, both now and also in the future if you continue the same pattern of use.

High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and could be dependent.

Are you concerned about your substance use?

CONTINUED OVERLEAF

| Tobacco | Alcohol | Cannabis | Cocaine | Amphetamine type stimulants | Inhalants | Sedatives or sleeping pills | Hallucinogens | Opioids |
|---|---|---|--|---|--|--|--|--|
| Your risk of experiencing these harms is: (tick one) Low Moderate High Regular tobacco smoking is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular excessive alcohol use is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of cannabis is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of cocaine is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of stimulants is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of inhalants is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of sedatives is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of hallucinogens is associated with: | Your risk of experiencing these harms is: (tick one) Low Moderate High Regular use of opioids is associated with: |
| Premature ageing, wrinkling of the skin | Hangovers, aggressive and violent behaviour, accidents and injury | Problems with attention and motivation | Difficulty sleeping, heart racing, headaches, weight loss | Difficulty sleeping, loss of appetite and weight loss, dehydration | Dizziness and hallucinations, drowsiness, disorientation, blurred vision | Drowsiness, dizziness and confusion | Hallucinations (pleasant or unpleasant) – visual, auditory, tactile, olfactory | Itching, nausea and vomiting |
| Respiratory infections and asthma | Reduced sexual performance, premature ageing | Anxiety, paranoia, panic, depression | Numbness, tingling, clammy skin, skin scratching or picking | jaw clenching, headaches, muscle pain | Flu like symptoms, sinusitis, nosebleeds | Difficulty concentrating and remembering things | Difficulty sleeping | Drowsiness, constipation, tooth decay |
| High blood pressure, diabetes | Digestive problems, ulcers, inflammation of the pancreas, high blood pressure | Decreased memory and problem solving ability | Accidents and injury, financial problems | Mood swings – anxiety, depression, agitation, mania, panic, paranoia | Indigestion, stomach ulcers | Nausea, headaches, unsteady gait | Nausea and vomiting | Difficulty concentrating and remembering things |
| Respiratory infections, allergies and asthma in children of smokers | Anxiety and depression, relationship problems, financial and work problems | High blood pressure | Irrational thoughts | Tremors, irregular heartbeat, shortness of breath | Accidents and injury | Sleeping problems | Increased heart rate and blood pressure | Emotional problems and social problems |
| Miscarriage, premature labour and low birth weight babies for pregnant women | Difficulty remembering things and solving problems | Asthma, bronchitis | Mood swings - anxiety, depression, mania | Aggressive and violent behaviour | Memory loss, confusion, depression, aggression | Anxiety and depression | Mood swings | Reduced sexual desire and sexual performance |
| Kidney disease | Deformities and brain damage in babies of pregnant women | Psychosis in those with a personal or family history of schizophrenia | Aggression and paranoia | Psychosis after repeated use of high doses | Coordination difficulties, slowed reactions, hypoxia | Tolerance and dependence after a short period of use. | Anxiety, panic, paranoia | Relationship difficulties |
| Chronic obstructive airways disease | Stroke, permanent brain injury, muscle and nerve damage | Heart disease and chronic obstructive airways disease | Intense craving, stress from the lifestyle | Permanent damage to brain cells | Delirium, seizures, coma, organ damage (heart, lungs, liver, kidneys) | Severe withdrawal symptoms | Flash-backs | Financial and work problems, violations of law |
| Heart disease, stroke, vascular disease | Liver disease, pancreas disease | Cancers | Psychosis after repeated use of high doses | Liver damage, brain haemorrhage, sudden death | Death from heart failure | Overdose and death if used with alcohol, opioids or other depressant drugs. | Increase the effects of mental illnesses such as schizophrenia | Tolerance and dependence, withdrawal symptoms |
| Cancers | Cancers, suicide | | Sudden death from heart problems | | | | | Overdose and death from respiratory failure |